

Name
in
Full

Anderson

CERTIFICATE OF DEATH

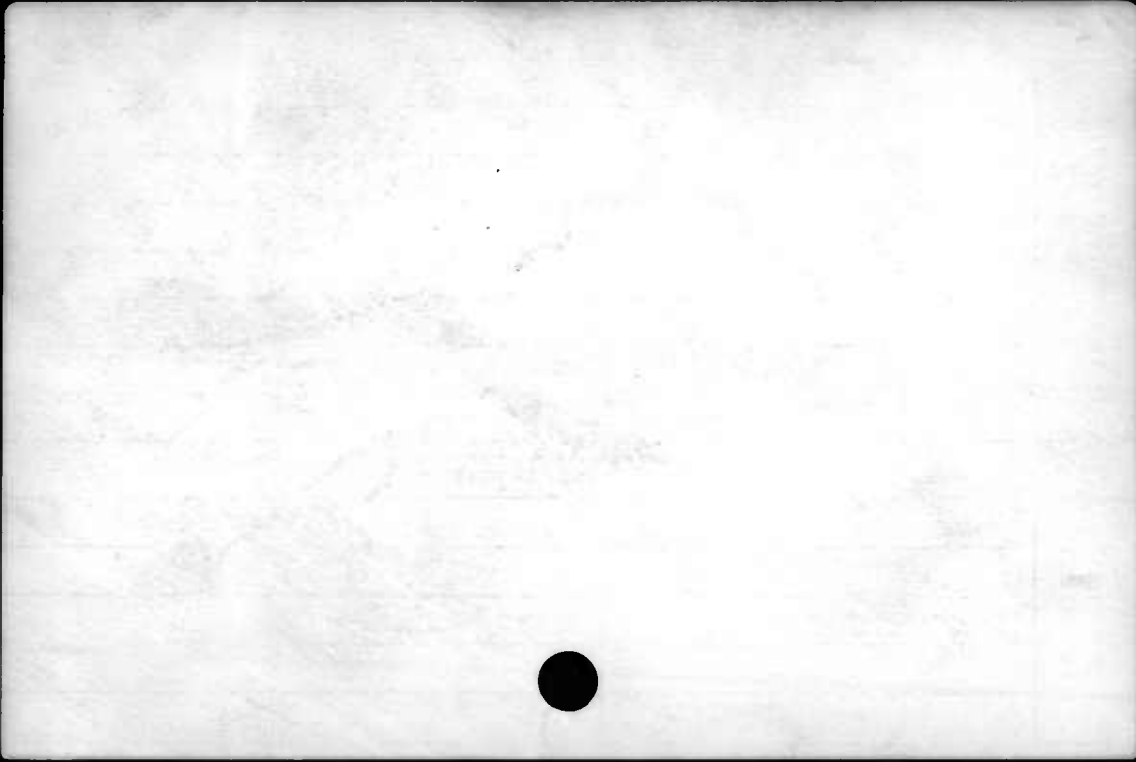
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chester</u> ^{Town}		<u>I. A.</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>6</u>	Age <u>—</u>	Years <u>—</u>	Months <u>9</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth- place <u>Chester</u>	
Married, Single or Widowed <u>Infant</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Saml. H. Anderson</u>			Father's Birthplace <u>I. A. Co. Md.</u>		
Mother's Maiden Name <u>Mollie Gull</u>			Mother's Birthplace <u>A. A. Co. Md.</u>		
Name of person giving In formation <u>Emory Marshall</u>			How related to deceased <u>not at all</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>4 months</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm. T. Henry</u>	
		Address <u>Stevensville, Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Sarah Catherine Carroll

CERTIFICATE OF DEATH

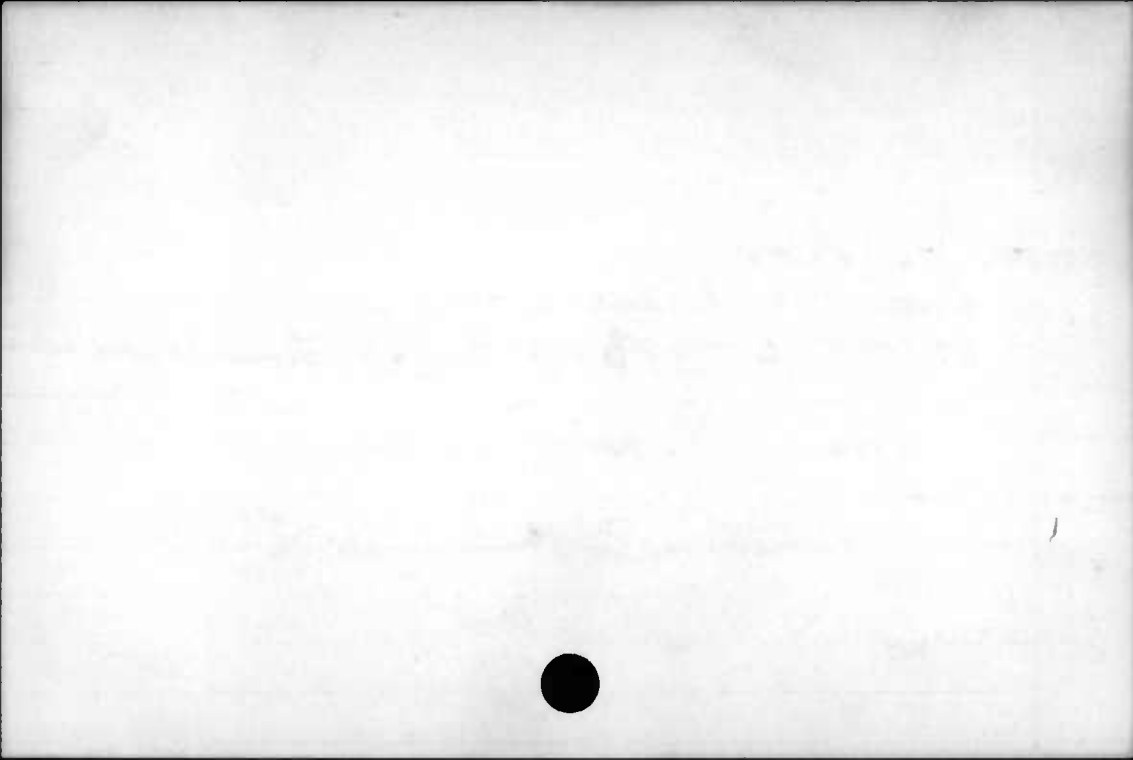
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crumpton</i> <small>Town</small>		<i>Queen Anne</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>May</i> <small>Month</small>	<i>9</i> <small>Day</small>	<i>2</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Crumpton</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Alexander Carroll</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annie Carson</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Annie Doummer</i>			How related to deceased <i>Grand Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Bradley & Sparks undertaker</i>
	Address <i>Crumpton</i>
Accident or Suicide?	<i>Maryland</i>



Name in Full

Certificate of Death

Mary L Claydon
 Town *Near Sudlersville* County *Queen Anne's* MARYLAND
 Died at
 Date 19 *03* Month *5* Day *21* Age *33* Y. M. D. Native of *Md* Occupation *Housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ ~~Divorced~~
 Number of children living *3*

Husband of *William Clayton*
 Wife
 Father's Name
 Mother's Name
 Maiden Name *Comegers*

Cause of Death { Primary ☐ Immediate ☒ *Consumption* How long sick
 Accident, Suicide, Homicide

Reported by *Mr Clayton*
 Address *Sudlersville Md* *J. L. Smith Millington Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Follie Templar

Ind -
Neglected to fill
out this card

Follie

Name in Full

Mr. E. D. C. Conmy

Town

County

Died at Queen Anne's Queen Anne

MARYLAND

Date 1903 5 6 Y. M. D. Native of Md. Occupation Farmer

Male White Married Widower Divorced

Female Colored Single Number of children living 2

Husband of Mary L. Higgins Conmy -

Wife

Father's Name John Conmy Mother's Name Mrs. Helen L. Davis

Maiden Name

Cause of Death Primary Phthisis Pulmonalis about 1 year

Immediate Asthenia

How long sick?

Accident, Suicide, Homicide

Reported by Robert Hackett, Md.

Address Queen Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Susan Frances Davis

CERTIFICATE OF DEATH

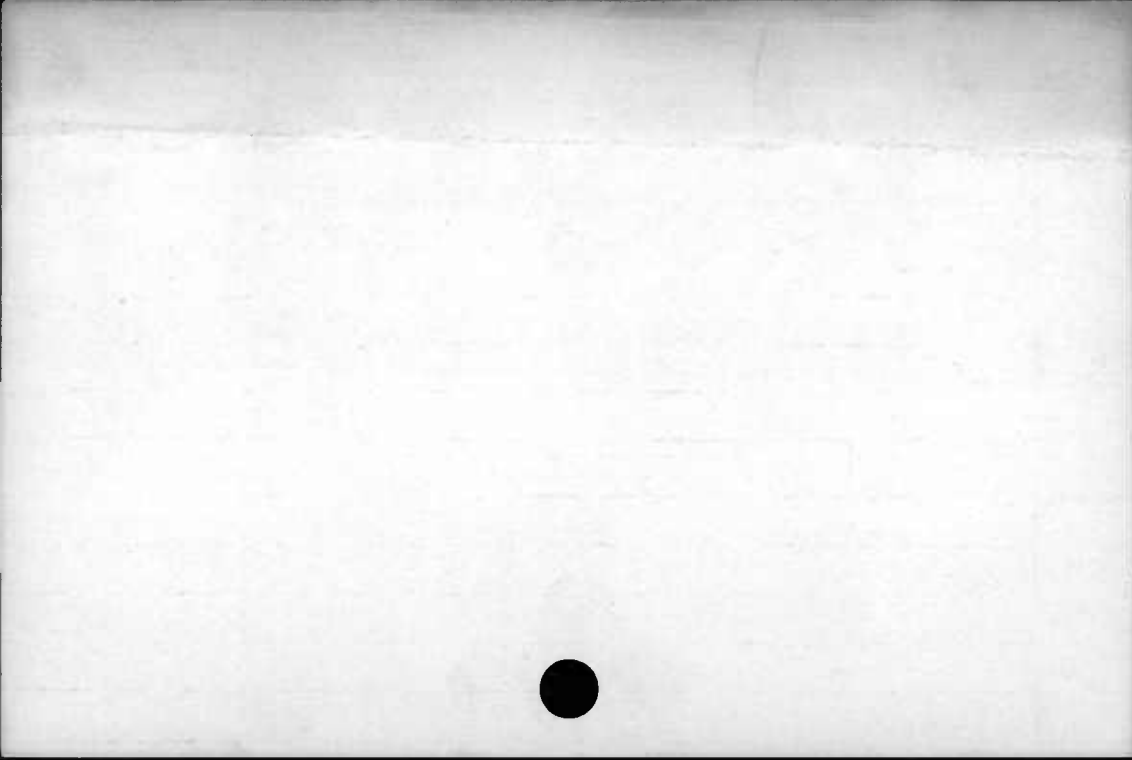
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>7</i>	Age <i>60</i>	Years <i>3</i>	Months <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Thos Davis</i>					
Father's Name <i>Rablt C Baynard</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Frances E Hardcastle</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>J Harold Davis</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Sacrum</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Emory Krae MD</i>
	Address <i>Cumtville Md</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

Bradford Ervin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address		Address	
Accident or Suicide?			

Chuzzle Hill Camp-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Baby of Benjamin Grinage

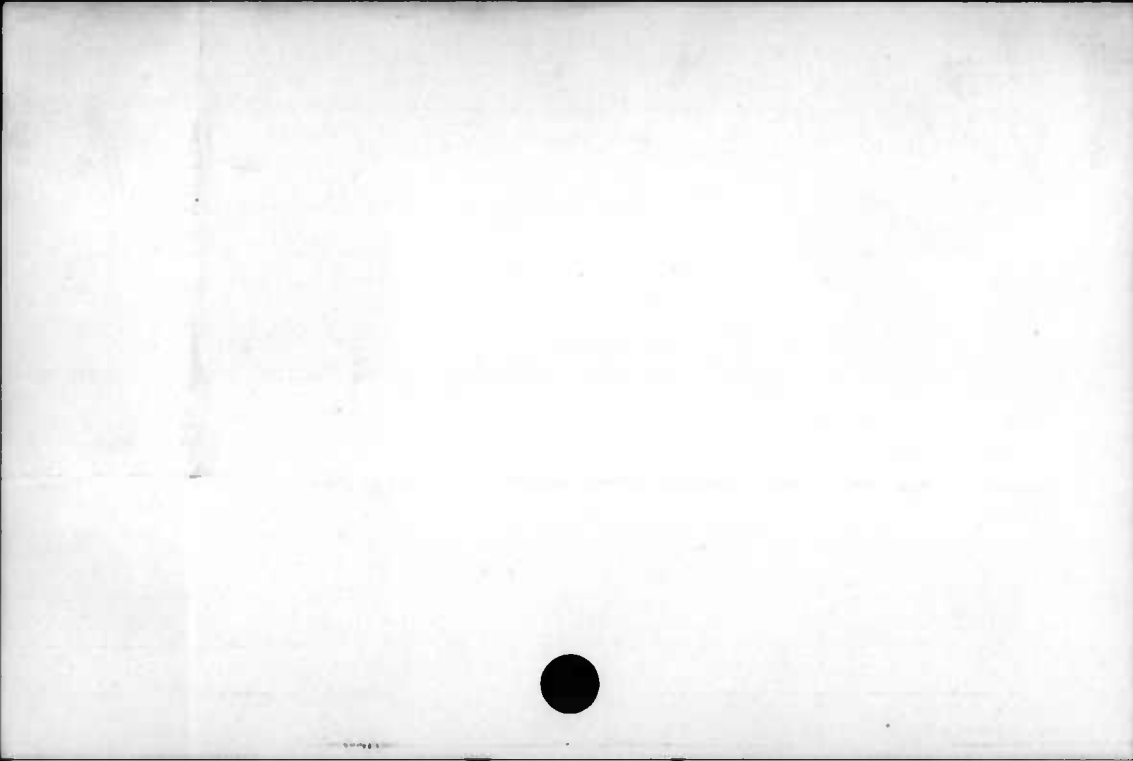
MARYLAND

Died at <i>Star</i> Town		<i>Queen Anne</i> County			
Date of death 1903	Month <i>May</i>	Day <i>16</i>	Age _____	Years _____	Months _____
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Star, Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Benjamin B. Grinage</i>			Father's Birthplace <i>Kat Co. Md.</i>		
Mother's Maiden Name <i>Annie Knock</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Benjamin B. Grinage</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Slow delivery</i>	How long <i>26 hours</i>
Immediate <i>Exhaustion</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Walter H. Fenby</i>
	Address <i>Purthsburg, Md.</i>
Accident or Suicide? _____	



Name
in
Full

Sarah Hales

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catlin's ^{Town} Corner		Queen ^{County} Anne		MARYLAND	
Date of death 1903	Month May	Day 9th	Age 48	Months	Days		
Sex Female	Color or Race Black		Birth- place Kent Co				
Married, Single or Widowed		Married		Occupation		House wife	
Name of Wife or Husband		David Perry					
Father's Name		Isaac Hales		Father's Birthplace		Kent Co	
Mother's Maiden Name		Matilda Blackstone		Mother's Birthplace		Kent Co	
Name of person giving In formation		Matthie Telghman		How related to deceased		Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Angina Pectoris		How long	8 yrs off and on
Immediate	Syncope		How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			H. G. Simpers	
			Address	
			Chestertown, Kent Co	
Accident or Suicide?		No		



Name in Full

Certificate of Death

John R. Howell
 Town County
 Died at Near Crampton, Queen Anne MARYLAND
 Date 1903, 5, 6 Y. M. D. Age 1 10 24 Native of 2, also Occupation —
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of

Wife

Father's Name John R. Hinde Mother's Maiden Name Mary L. Hinde

Cause of Death { Primary Tubercular Lung How long sick 3 weeks
 Immediate Suffocating Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Knock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Star</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>18</i>	Years <i>27</i>	Months <i>3</i>	Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Benjamin B. Grinage</i>					
Father's Name <i>Not known</i>		Fether's Birthplace			
Mother's Maiden Name <i>" "</i>		Mother's Birthplace			
Name of person giving In formation <i>Hubert B. B. Grinage</i>		How related to deceased <i>Husband</i>			

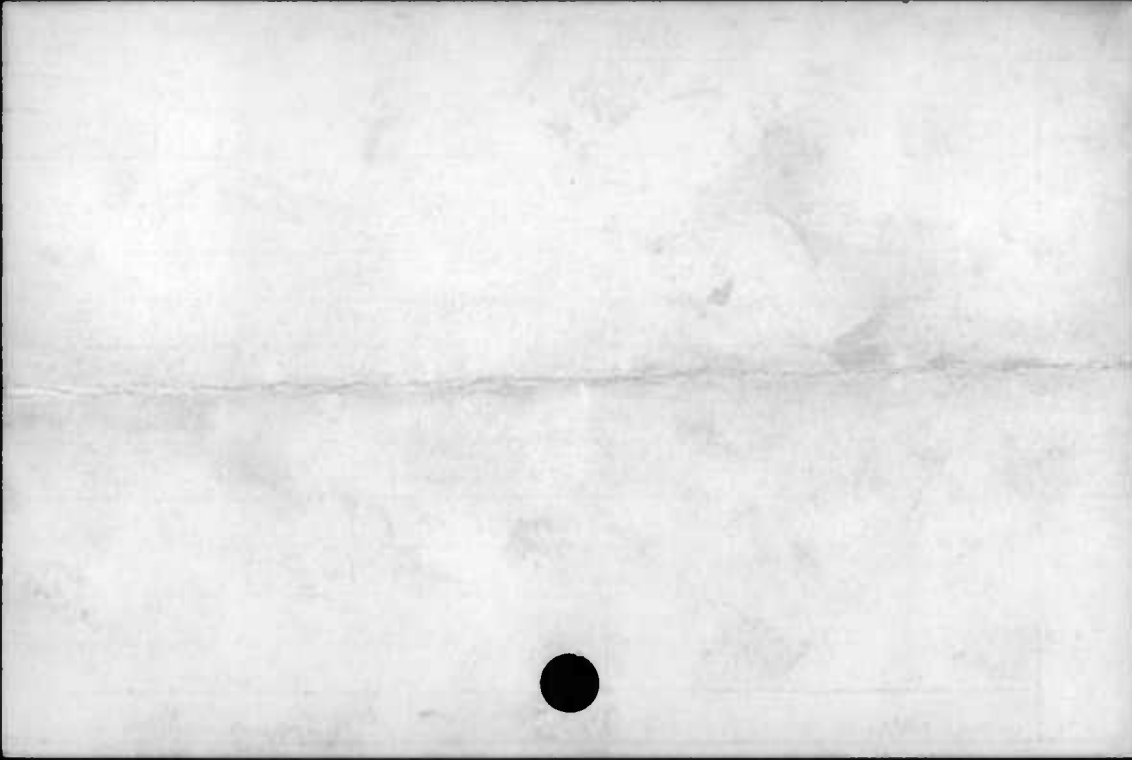
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>	How long <i>2 days</i>
Immediate <i>Puerperal Fever</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter H. Fenby</i>
	Address <i>Ruthsburg</i>
	<i>Inde</i>
Accident or Suicide?	



Name in Full		Thomas Mason				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mar Pilghman's</i>		Town <i>Lucas</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>
	Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>20</i>	Age <i>85</i>	Years <i>5</i>	Months <i>5</i>	Days <i>16</i>
	Sex <i>Male</i>	Color or Race <i>Reddressed</i>		Birth-place <i>Hunt Co. Md</i>			
	Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>				
	Name of Wife or Husband <i>Fancy Jane Mason</i>						
	Father's Name <i>William Mason</i>				Father's Birthplace <i>Lucas Anne Arundel Co.</i>		
	Mother's Maiden Name <i>Jane Turner</i>				Mother's Birthplace <i>Lucas " Co</i>		
Name of person giving information <i>William H. Mason</i>				How related to deceased <i>Son</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Old age</i>				How long <i>154</i>		
	Immediate <i>Prostration</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>S. B. Dudley</i>		
					Address 		
	Accident or Suicide?						



Name
in
Full

Katie Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Zach		MARYLAND	
Date of death 190		3	Month 5	4	Day 19	2	Months —
Sex Female		Color or Race White		Birth- place Baltimore			
Married, Single Widowed				Occupation House wife			
Name of Husband John Miller							
Father's Name John Doll				Father's Birthplace Baltimore			
Mother's Maiden Name Ida Cooney				Mother's Birthplace Frederick Md			
Name of person giving information Gwen Miller				How related to deceased F & Zach			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Zyphoid Fever	How long	Sixteen days
Immediate	Nervous exhaustion	How long	Sixteen Days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Howard R. Hopkins	
		Address Zach Town Md.	
Accident or Suicide?			



Name
in
Full

Raymond Roe

CERTIFICATE OF DEATH

Died at ^{Town} Neon ^{County} Queenstown

2 a Co

MARYLAND

Date

of death 1903

Month

May

Day

26

Age

Years

12

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Queenstown

Married, Single
or Widowed

Single

Occupation

Farmer

Name of Wife or
HusbandFather's
Name

Lehas E Roe

Father's
Birthplace

2 a Co

Mother's
Maiden Name

M. E. Gardner

Mother's
Birthplace

" "

Name of person giving
Information

W B McConner

How related
to deceased

None

CAUSES OF DEATH

Primary

Consumption

How long

2 years

Immediate

Weakness

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

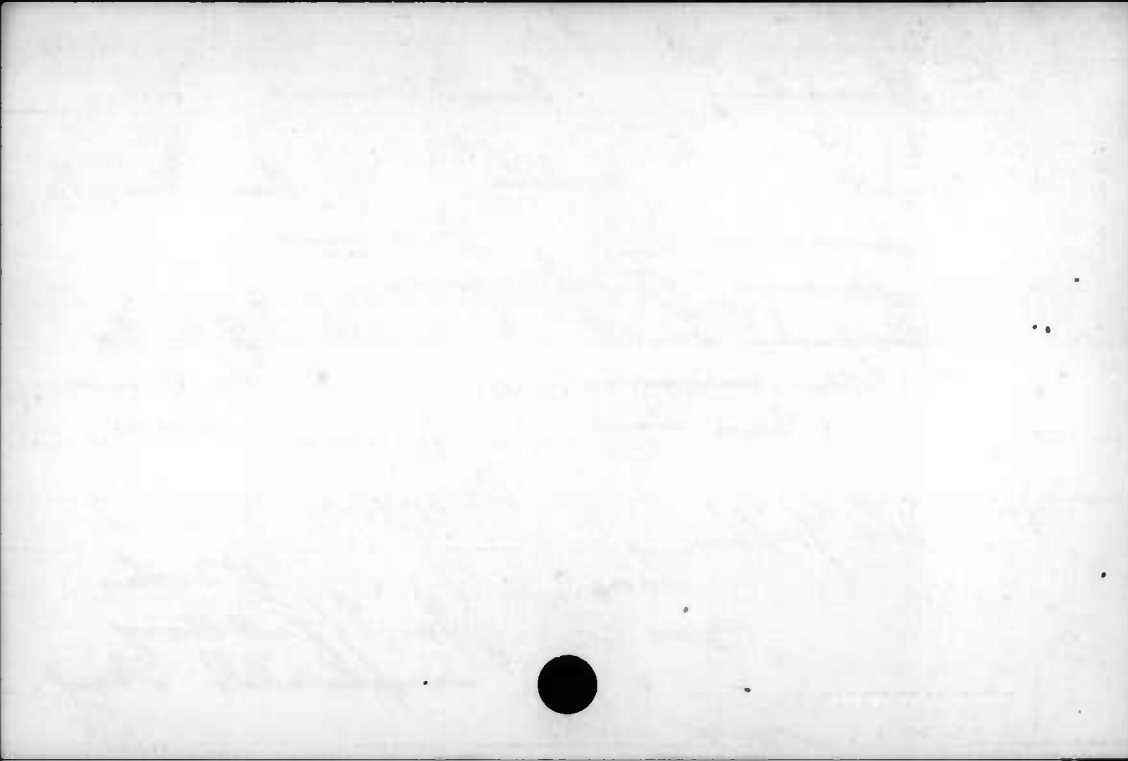
W B McConner

Address

Queenstown

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benjamin Tent</i>		Town <i>Ben Barclay</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death 1903	Month <i>5</i>	Day <i>1</i>	Years <i>78</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Queen Anne Co</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Mary. E. Nickerson</i>							
Father's Name <i>Benjamin Tent</i>				Father's Birthplace <i>I. A. Co</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Geo Tent</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>L. Griffer</i>	How long <i>3 hrs.</i>
Immediate <i>Exhaustion</i>	How long <i>32 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. E. Galleay</i>
	Address <i>Templeville Md.</i>
Accident or Suicide? <i>No</i>	

